



City of Leesburg Recreation & Parks Department

318 S. 2nd Street Leesburg, Florida 34748

Phone: (352) 728-9885

Website: www.eteamz.com/Leesburgrecreationleagues/

PARTICIPANT INFORMATION

First Name

Last Name

Gender

Birthdate

Playing Age

School

Weight (Football Only)

Street Address

City

Zip Code

Mailing Address

City

Zip Code

EMERGENCY & PARENT / LEGAL GUARDIAN INFORMATION

Father's Name _____ Home Phone _____ Bus Phone _____ Cell Phone _____

Mother's Name _____ Home Phone _____ Bus Phone _____ Cell Phone _____

E-mail Address _____ Interested in(circle all that applies): Coaching,.... Officiating..... Scorekeeping

Please Notify in case of an emergency _____ Telephone _____

Physical Defects and/or Allergies _____

Medicine(s) Participant is taking _____

PROGRAM INFORMATION

Name of Activity _____

Did the child participate in the activity last season? _____ If yes, which team did he/she play for? _____

Is there a sibling that will participate in this program this season? _____ If Yes, his/her name _____

Which Team? _____ Requests (All requests are NOT guaranteed): _____

Do you purchase, or own a business that purchases electricity and/or gas from the City of Leesburg; or own property for which you pay City of Leesburg taxes? YES _____ NO _____

If the answer to the above question is NO, you will be responsible for a fifteen dollar (\$15.00) out-of-service area fee, plus the regular fee for this program. (City policy as established by the City Commission.)

PARENT OR GUARDIAN WAIVER & RELEASE OF LIABILITY

I (We), _____ (_____)
As natural parent(s)/legal guardian(s) having legal custody of the aforementioned participant do hereby grant my (our) permission to the LEESBURG RECREATION DEPARTMENT to accept my(our) child into this RECREATION DEPARTMENT program. I hereby state that I will be responsible for all equipment issued to my (our) child that may be lost, stolen, or otherwise damaged. Further, I do hereby authorize any employee of the City of Leesburg RECREATION DEPARTMENT or this child's coach, assistant coach, or instructor to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed by the State of Florida, when the need for treatment is immediate and when efforts to contact me(us) are unsuccessful. I(We) will accept financial liability for such treatment and care provided to my(our) child.

(signature of parent / legal guardian)

(signature of parent / legal guardian)

DEPARTMENT USE ONLY

New Player _____

Return Player _____

Team _____

Date Paid _____

Cash _____ Check _____

Amount Paid _____